

# Enrollment System Training

Part D Basic Training for New Plans  
Overview Presentation  
September 14, 2006



## **Purpose**

To provide new Plans with reference information regarding initial technical setup, systems processing and accessing the MMA Help Desk

## **Objectives**

After completing this information overview, new Plan participants should be able to:

- Identify the reference materials and CMS website links provided
- Use the reference materials and CMS website links to access information regarding initial technical setup, systems processing, and MMA Help

## Agenda

- Section 1 – MMA Help & Initial Technical Setup
  - Connectivity Setup
  - IACS Registration
  - Accessing Other Help Desks
- Section 2 – Enrollment Processing
  - Plan Communications User Guide (PCUG)
  - Beneficiary Eligibility Query (BEQ) Submission
  - Enrollment Submission
  - 4Rx Submission
  - User Interface (UI) Access and Functionality Available to Plans
  - Retroactive Transaction Procedures
  - Batch Processing and Transmissions Summary

## **Agenda (continued)**

- Section 3 – Other System Interaction for Plans
  - TrOOP Facilitator Role and How to Connect and Test
  - COB Contractor Role and How to Connect and Test
  - Auto Enrollment Guidelines

## Reference Materials and CMS Website Links

- MMA Help Desk List of Important Information (Other Help Desk Contact Information)  
[http://www.cms.hhs.gov/MMAHelp/downloads/MMA\\_Customer\\_Support\\_Directory.pdf](http://www.cms.hhs.gov/MMAHelp/downloads/MMA_Customer_Support_Directory.pdf)
- MMA Help Desk New Medicare Advantage and Prescription Drug Plan Connectivity and Access Configuration Process, Version 1.0  
[http://www.cms.hhs.gov/MMAHelp/downloads/Connectivity\\_and\\_Access\\_Configuration\\_Process.pdf](http://www.cms.hhs.gov/MMAHelp/downloads/Connectivity_and_Access_Configuration_Process.pdf)
- Plan Communication User Guide (PCUG), Version 1.5  
<http://www.cms.hhs.gov/MMAHelp/downloads/PCUG.pdf>
- Plan Communication User Guide (PCUG) Appendices, Version 1.5  
<http://www.cms.hhs.gov/MMAHelp/downloads/PCUGAppendices.pdf>



## Reference Materials and CMS Website Links (continued)

- September 2006 Enrollment System Overview for New Plan Users
- [http://www.cms.hhs.gov/MMAHelp/04\\_Enrollment\\_and\\_Payment\\_Systems\\_Training\\_Materials.asp#TopOfPage](http://www.cms.hhs.gov/MMAHelp/04_Enrollment_and_Payment_Systems_Training_Materials.asp#TopOfPage)
- August 2006 Enrollment Systems Training Materials  
[http://www.cms.hhs.gov/MMAHelp/04\\_Enrollment\\_and\\_Payment\\_Systems\\_Training\\_Materials.asp#TopOfPage](http://www.cms.hhs.gov/MMAHelp/04_Enrollment_and_Payment_Systems_Training_Materials.asp#TopOfPage)  
Auto/Facilitated Enrollment Basics for New Medicare Prescription Drug Plans (sent as attachment)
- FAQs  
[http://www.cms.hhs.gov/MMAHelp/08\\_FAQS.asp#TopOfPage](http://www.cms.hhs.gov/MMAHelp/08_FAQS.asp#TopOfPage)
- Chapter 19 - The Enrollment & Payment User's Guide  
<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS019326>

## Schedule

- 3:30pm – 3:45pm      Section 1 – MMA Help & Technical Setup
- 3:45pm – 4:30pm      Section 2 – Enrollment Processing
- 4:30pm – 5:00pm      Section 3 – Other System Interactions

# Section 1

## MMA Help & Initial Technical Setup





## MMA Help & Initial Technical Setup

- Connectivity Setup
  - Gentran
  - C:D
  - Third Party
- IACS Registration
- Accessing Other Help Desks

## Connectivity Setup

- Security and Authorization
- Data Exchange Protocols
- Connectivity
  - Gentran
  - C:D
  - Third Party

Insert MMA Connectivity Checklist

Insert CMS Connectivity Form

## **IACS Registration**

- Background
- Roles and Responsibilities
- Registration for CMS Application Access
- Password Reset
- Modify Registration
- Helpful Hints

# Accessing Other Help Desks

# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
Customer Support for Medicare Modernization/ <b>MMA HELP DESK</b>	<p>Supports all current and prospective Plans (all types) for systems questions, information and assistance including:</p> <ul style="list-style-type: none"> <li>• Connectivity to the Medicare Data Communications Network (MDCN)/CMS Data Center</li> <li>• Access to CMS systems (User ID and password)</li> <li>• File transfer software (Connect:Direct, Secure FTP, HTTPS)</li> <li>• Gentran mailbox server (electronic mailbox) [small plans]</li> <li>• Connectivity and file transfer testing support</li> <li>• File layouts, system letters, user guides, FAQs</li> <li>• Individuals Authorized Access to CMS Computer Systems (IACS) assistance</li> <li>• Coordination with application owners; e.g., MARx, MBD</li> <li>• Coordination with AT&amp;T and CMS Data Center Support</li> <li>• Coordination with other help desks for proper routing of issues</li> <li>• Referral of non-systems questions to Subject Matter Experts</li> </ul>	<p>Toll Free Line: 800-927-8069 6 a.m. – 9 p.m. M-F (EST) <i>Voice mail available after hours</i></p> <p>Web site: <a href="http://www.cms.hhs.gov/mmahelp">www.cms.hhs.gov/mmahelp</a></p> <p>E-Mail: <a href="mailto:mmahelp@cms.hhs.gov">mmahelp@cms.hhs.gov</a></p>



# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
CMS Central Office Health Insurance Specialists	<p>Supports all plans in the representative's assigned region(s). These representatives can answer questions on the enrollment system and plan payments. Areas of expertise include:</p> <ul style="list-style-type: none"> <li>▪ Data submission requirements</li> <li>▪ File layouts</li> <li>▪ Report layouts &amp; contents</li> <li>▪ Rules for field contents</li> <li>▪ Submittal and transmittal timing</li> <li>▪ Plan payments (not the plan payment report)</li> </ul> <p>These representatives must be contacted about the submission of retroactive transactions prior to submission.</p>	The list of representatives can be found in Appendix B of the Plan Communications User's Guide

# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
Palmetto Customer Support & Service Center (CSSC Operations)	<p>Supports MA plans submitting diagnosis data for risk adjustment and MA-PDs and PDPs submitting prescription drug event (PDE) data for Part D, including:</p> <ul style="list-style-type: none"> <li>▪ Connectivity to Palmetto's MDCN for submission of PDE and RA data</li> <li>▪ Submitter IDs/passwords for front-end risk adjustment system (FERAS) and the Prescription Drug Front End System (PDFS)</li> <li>▪ File submission/report retrieval</li> <li>▪ Error correction</li> <li>▪ Analysis of data submitted through FERAS and PDFS</li> <li>▪ Questions about PDE and RA data requirements</li> </ul>	<p>Toll Free Line: 877-534-2772 9 a.m. – 7p.m. M-F (EST) <i>Voice mail available after hours</i></p> <p>Web Site: <a href="http://www.csscoperations.com">www.csscoperations.com</a></p> <p>E-Mail: <a href="mailto:csscoperations@palmettoqba.com">csscoperations@palmettoqba.com</a></p>

# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
MDCN Helpline Palmetto GBA	<p>Connectivity support for AT&amp;T Global Network Services (AGNS) to the Medicare Data Communications Network (MDCN)</p> <p>This is an option used by MA plans submitting diagnosis data for risk adjustment and MA-PDs/PDPs submitting prescription drug event (PDE) data for Part D</p>	<p>MCO/MA Toll Free Hot Line: 877-486-7240 8:30 a.m. – 5 p.m. M-F (EST)</p> <p>Toll Free Help Line: 800-905-2069 Option 2 8:30 a.m. – 8:30 p.m. M-F (EST)</p>
AT&T Global Network Services	<p>AT&amp;T network problems</p> <p>Also by referral from CSMM, Palmetto and CMS data center help desks</p>	<p>Toll Free Line: 888-212-6036</p> <p>Callers will need to provide:</p> <ul style="list-style-type: none"> <li>▪ AT&amp;T account ID</li> <li>▪ Name</li> <li>▪ Contact information</li> <li>▪ Problem description</li> </ul>

# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
Retiree Drug Subsidy (RDS) Call Center	<p>General RDS program information including:</p> <ul style="list-style-type: none"> <li>▪ RDS application information/deadlines</li> <li>▪ Secure web site user roles</li> <li>▪ Upcoming RDS events</li> <li>▪ Answers to FAQs</li> </ul> <p><i>NOTE: Plans using their existing connectivity to the Coordination of Benefits Contractor (COBC) to submit RDS data should contact the COBC EDI Representatives with file transmission issues</i></p>	<p>Toll Free Line: 877-RDS-HELP (877-737-4357) 8 a.m. – 6:30 p.m. M-F (EST) TTY: 877-RDS-TTY0 (877-737-8890)</p> <p>Interactive voice recording (IVR) 24 hours a day, 7 days a week</p> <p>Email: <a href="mailto:Rds@cms.hhs.gov">Rds@cms.hhs.gov</a></p> <p>Web site: <a href="http://www.rds.cms.hhs.gov">www.rds.cms.hhs.gov</a></p> <p><i>Any emails should include Name; phone #; Plan Sponsor name &amp; ID and Application ID. Do not include any Personal Health information (PHI) in emails.</i></p>

# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
Health Plan Management System (HPMS) Help Desk	<p>The HPMS Help Desk is available to provide technical assistance to plans on the use of HPMS and its software modules</p> <p>For access or connectivity to HPMS Plans should contact one of the following:            Don Freeburger - 410-786-4586  <a href="mailto:don.freeburger@cms.hhs.gov">don.freeburger@cms.hhs.gov</a> or            Neetu Jhagwani - 410-786-2548  <a href="mailto:neetu.jhagwani@cms.hhs.gov">neetu.jhagwani@cms.hhs.gov</a></p>	<p>Toll Free Line: 800-220-2028</p> <p>E-mail: <a href="mailto:HPMS@cms.hhs.gov">HPMS@cms.hhs.gov</a></p> <p>No web site</p>
Destination Rx Help Desk	<p>Supports issues including:</p> <ul style="list-style-type: none"> <li>Medicare Drug Plan Finder Compare on the Medicare web site</li> <li>Drug pricing data submissions from the plans in support of the Medicare Drug Plan Finder</li> <li>Technical Support for the Online Enrollment Center.</li> </ul>	<p>Email: <a href="mailto:Plancompare@destinationrx.com">Plancompare@destinationrx.com</a></p> <p>Toll Free Line: 888-203-8497</p>



# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
Coordination of Benefits Contractor (COBC) Technical Help Desk	<p>Supports Part D plans and data sharing partners:</p> <ul style="list-style-type: none"> <li>• Report problems connecting to Electronic Correspondence Referral System (ECRS)</li> <li>• Report problems with data file transmission for plans using T1/Connect:Direct to send data to COBC</li> <li>• Support Plan technical issue and questions</li> </ul>	<p>Telephone: 212-615-4357 7 a.m. – 10 p.m. M-F (EST) <i>Except holidays</i></p> <p><b>Note:</b> <i>If an EDI Representative is needed for issue resolution, Plans will be referred by the technical help desk.</i></p>
COB Contractor (COBC)	<p>Supports the following:</p> <ul style="list-style-type: none"> <li>▪ Report employment changes, or any other insurance coverage information</li> <li>▪ Report a liability, auto/no-fault, or workers' compensation case</li> <li>▪ Ask general Medicare Secondary Payer (MSP) questions/concerns</li> <li>▪ Ask questions regarding MSP development letters and questionnaires</li> </ul>	<p>Toll Free Line: 800-999-1118 9 a.m. – 5 p.m. M-F (EST) <i>Except holidays</i></p> <p>TTY/TDD: 1-800-318-8782</p>

# Customer Support Directory

RESOURCE	PURPOSE	HOURS/CONTACT INFO
COB Consortia and Part D Representatives	Ask questions on the status or request immediate action on ECRS cases. This could include requests for information concerning a submitted inquiry, assistance request or congressional inquiry.	Refer to the Consortia Representative assigned to individual Plans, if unavailable, call COBC toll free line.

# Section 2

## Enrollment Processing



## Enrollment Processing

- Plan Communications User Guide (PCUG)
  - File Transfer
  - Naming Conventions
  - Report and Data File Formats
- Beneficiary Eligibility Query (BEQ) Submission
- Enrollment Submission
- 4Rx Submission
- User Interface (UI) Access and Functionality Available to Plans
- Retroactive Transaction Procedures
- Batch Processing and Transmissions Summary

## Plan Communications User Guide (PCUG)

- What is the PCUG?
  - Provides information to Plans regarding access to and interaction with MARx
- Where to find information on the following
  - File Transfer
    - Section 2 – Establishing Communication with CMS
    - Appendix D – Enrollment Data Transmission Schedule, D-1
  - File Naming Conventions
    - Appendix E – Record Layouts, E-31
  - Data File Formats
    - Appendix E – Record Layouts
  - Reports
    - Appendix I - Reports
  - Codes
    - Appendix H



## Beneficiary Eligibility Query (BEQ) Submission

- What is the BEQ?
  - Vehicle for plans to submit batch queries for determining beneficiary eligibility prior to submitting a Part D enrollment transaction.
- Submitting BEQ files:
  - Must comply with the input format located in the PCUG
  - Must contain the appropriate 'critical' or required fields
- BEQ processing:
  - File level edits
  - E-mail notification (accept/reject of file)
  - Detail level edits
- BEQ response files to plans:
  - The current BEQ response file layout is contained in the PCUG. Note: a modified layout will be available shortly.

# Enrollment Submission

- September 2006 Enrollment System Overview
  - Section 1: MARx Transaction Processing
    - Introduction
    - MARx Transaction Files Overview
    - Submitting Transaction Files
    - Submitting Retroactive Transaction Files
    - Election Period Types
    - Election Period Limits
    - MARx Processing Cycle
    - Transaction File Status Reporting
    - Retrieving Transaction File Status – MARx Reports Overview

## 4Rx Submission

- What is 4Rx and why is it important?
  - RX BIN, RX PCN, RX ID and RX Group are not included on the enrollment transaction. This information is needed to support point of sale and other pharmacy related needs.
- Submitting 4Rx data:
  - Plans are required to submit 4Rx data for their currently enrolled members in a timely manner.
  - The input file must in the format identified in the PCUG.
- 4Rx processing:
  - Exactly the same as the BEQ, except beneficiary record in the MBD is updated with 4Rx data fields.
- Important notes:
  - Submit 4Rx data no earlier than 24 hours after receiving a successful enrollment response from the MARx system.
  - CMS does not retain history for 4Rx data, new submissions overlay existing data.

## **UI Access and Functionality Available to Plans**

- September 2006 Enrollment System Overview
  - Section 4: MARx UI
    - Logging On and Viewing Messages
    - Viewing Beneficiary Information
    - Viewing Payment and Premium Information
    - Requesting Historical Reports

## Retroactive Transaction Procedures

- An overview on how to submit retroactive enrollment, disenrollment, change, and correction transactions (there are three types of transactions):
  - Those that require entry to the MARx user interface (UI) by IntegriGuard
  - Those that require batch file processing for normal systems issues
  - Those that require processing via batch file as an approved streamlined request
- Note: Mandatory Retroaction Process for Streamlined Requests (post August 10, 2006)



## Batch Processing and Transmissions Summary

- September 2006 Enrollment System Overview
  - Section 1: MARx Transaction Processing
    - Introduction
    - MARx Transaction Files Overview
    - Submitting Transaction Files
    - MARx Processing Cycle
    - Transaction File Status Reporting
    - Retrieving Transaction File Status – MARx Reports Overview
  - Section 2: MARx Reports
    - Reports and Data Files – How Are They Different?
    - Transmissions Upon Batch Submission
    - Transmissions Upon Batch Processing
    - Daily, Weekly, and Monthly Transmissions

## Batch Processing and Transmissions Summary (continued)

- September 2006 Enrollment System Overview
  - Section 3: Interpreting Transaction Reply Codes (TRC)
    - What is a Transaction Reply Code?
    - TRC Types
    - Understanding TRCs
      - Replies to Plan Initiated Transactions
      - Replies to System Initiated Transactions
      - Other
- PCUG
  - Appendix J: All Transmissions Overview

# Section 3

## Other System Interactions



## **Other System Interactions**

- TrOOP Facilitator Role & How to Connect and Test
- COB Contractor Role & How to Connect and Test
- Auto Enrollment Guidelines

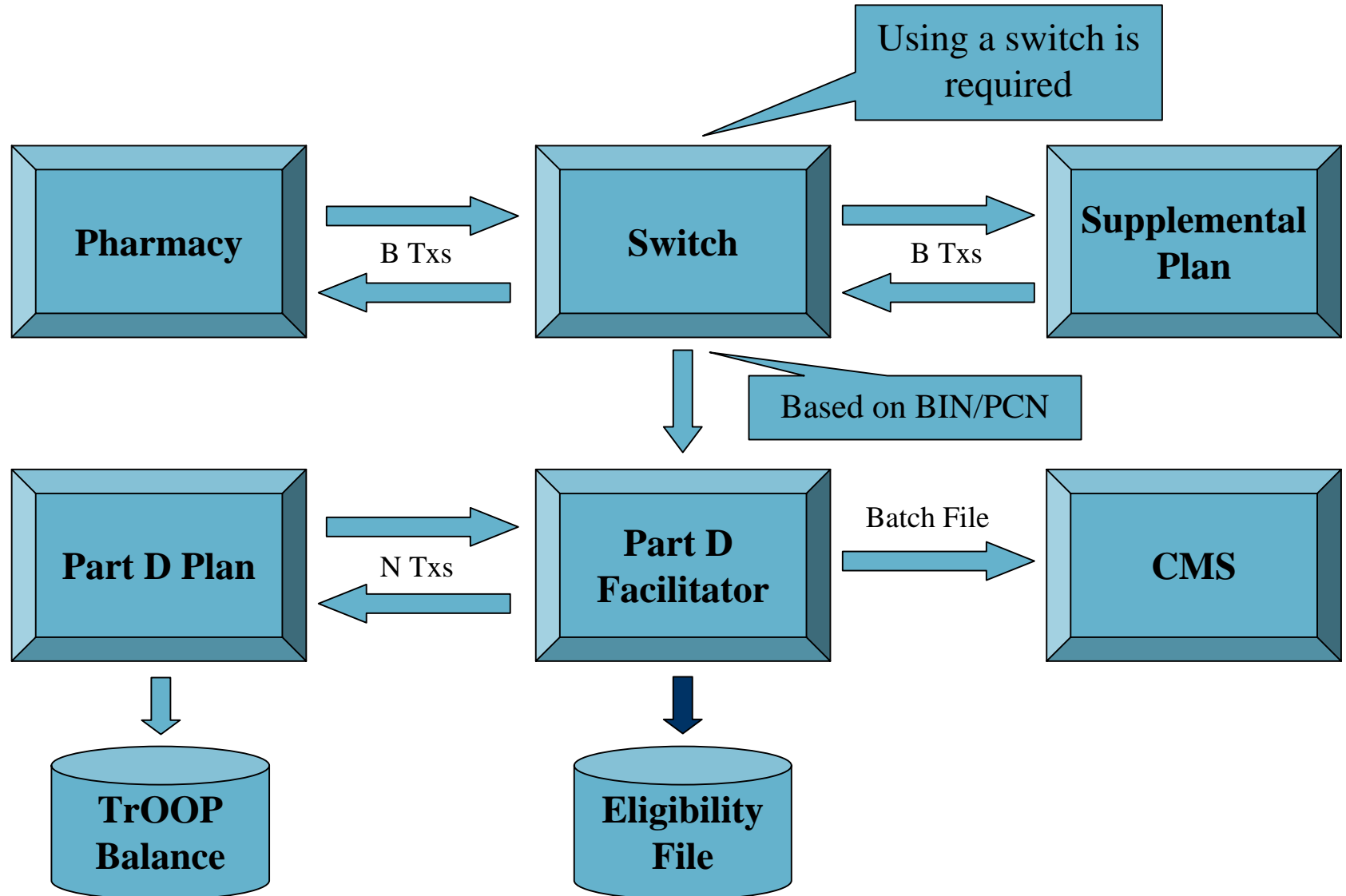
# **TrOOP Facilitator Role and How to Connect and Test**



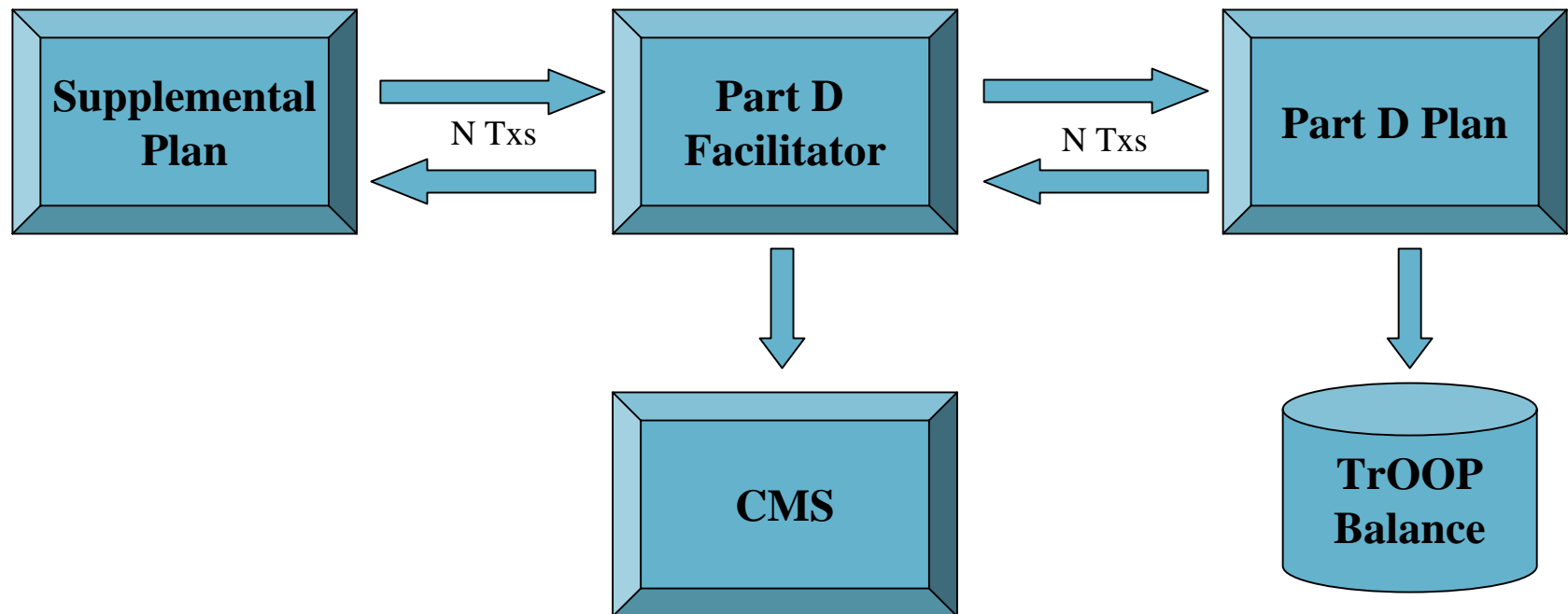
## TrOOP Facilitator Overview

- Facilitator satisfies two business needs
  - Eligibility services
    - Enable pharmacies to determine in real-time coverage information for beneficiaries
    - Facilitate billing of pharmacy claims
  - TrOOP reporting services
    - Enable Part D plans to properly calculate TrOOP balances impacted by supplemental coverage
    - Receives a copy of the real-time pharmacy claim to facilitate delivery supplemental payment information to Part D plans

# TrOOP Facilitator Real-Time Supplemental Transactions



## TrOOP Facilitator Offline Process Flow



## TrOOP Facilitator Connectivity and Testing

- Only needed for plans not currently using the TrOOP Facilitator
- Processors for New Part D plans can request test transactions from the Facilitator
  - Real-time
    - Required to establish test patients in their systems and provide test patients, pharmacies, drugs to Facilitator for testing purposes
  - Batch
- New Supplemental plans need to:
  - Establish FTP accounts
  - Test batch file submission process
- References
  - <http://medifacd.ndchealth.com>, click on Payers at the top and then Testing Process on the left.
  - Email [trooptesting@per-se.com](mailto:trooptesting@per-se.com) to initiate process

## Role of the Coordination of Benefits Contractor

- The Coordination of Benefits Contractor (COBC) is Group Heath Incorporated (GHI).
- The COBC has been tasked with collecting/updating other insurance information to help facilitate the proper payment of claims.
- The data collected by the COBC is then updated in the Master of Beneficiary Database (MBD).
- Plans receive a COB file which is generated and sent out to the plans from MARx. MARx is updated from the feeds that the COBC sends to MBD. **The COBC does not send out the COB file.**
- The Electronic Correspondence Referral System (ECRS) is the channel that plans have to the COBC to give updates on other insurance or even to give leads about new insurance a beneficiary may have.



## Information a Plan May Have to Submit to ECRS

- A plan will occasionally find out about new or changed other health insurance information for its enrollees before the COBC. Information collected can be sent to the COBC via an ECRS transaction. The COBC will use the information as a lead to build a new insurance record on the individual.
  
- A few ways a plan could find out about other insurance first:
  - COB survey sent within 30 days of enrollment
  - Annual COB survey
  - Other contact with the enrollee

## How to Connect to the COBC via ECRS

- Submitting data via ECRS
  - On-line access: allows you to input information on a daily basis. It also allows you to see the information and to view any updates we make. The online version is a mainframe application that requires a CICS to CICS connection.
  - Flat File: allows you to extract information and submit the information to the COBC in bulk. This type of access will require some programming on your end.
- The COBC will store all the transactions and run a batch process nightly to read the transactions and process the requests.

## Contacting the COBC

- Any questions regarding ECRS can be addressed to:  
William Ford at Group Health, Inc.,  
Coordination of Benefits Contractor for Medicare  
Phone Number: 646-458-6613  
E-Mail: [wford@ghimedicare.com](mailto:wford@ghimedicare.com)

## Auto Enrollment Guidelines

- **Auto-enrollment**
  - CMS enrolls full-benefit dual eligibles into Part D plans
- **Facilitated enrollment**
  - Others eligible for LIS
    - QMB-only, SLMB-only, QI, SSI-only
    - Those who apply at SSA or State
- **Similar process**
  - Different populations, exclusions, and effective date

## Auto/Facilitated Enrollment Process

- CMS auto/facilitate enrolls beneficiaries into PDPs
  - Focus of this presentation
  - Medicare Advantage (MA) organizations and cost plans (if latter offers Part D optional supplemental benefit) facilitate enrollment on behalf of CMS
- In monthly process, CMS performs following steps
  - Identify beneficiaries who need to be assigned to PDP
  - Identify PDPs that qualify
    - Premium does not exceed region-specific low-income premium subsidy amount
    - Additional performance criteria
  - Randomly assign among available plans
    - Two-step process, first at PDP Sponsor level, then among qualifying PDPs offered by that sponsor



## Once Auto/Facilitated Is Complete

- Once person assigned to plan, CMS creates enrollment transaction and submits to MARx
  - CMS calculates effective date, which is included on Transaction Reply Report (TRR) to plan
- CMS notifies plans two ways:
  - PDP notification file (also includes address)
  - TRR with confirmed enrollments
- CMS will notify each beneficiary about where they will be auto-enrolled
- Plan must mail confirmation notice to beneficiary within 7 business days after receiving TRR
  - Also send modified version of pre- and post-enrollment material

## Re-Assignment

- In October, CMS will re-assign certain low-income subsidy (LIS) beneficiaries already enrolled in a PDP if
  - 2007 premium would be over de minimis amount above region-specific low-income premium subsidy amount
  - PDP is terminating
- 2007 PDPs that meet qualifications for auto/facilitated enrollment are eligible to receive re-assignees
- **MAKE SURE YOU ARE CONNECTED SUCCESSFULLY TO CMS BY END OF SEPTEMBER**
  - CMS will send files in October to PDPs notifying them of re-assignees
- **MAKE SURE YOUR HPMS DATA IS ACCURATE**
  - CMS notifies beneficiaries of re-assignment using your HPMS data on auto-enroll customer service number and organization marketing name

## For More Information on Auto/Facilitated...

- Resources:
  - 7/5/05 Systems Letter
  - <http://www.cms.hhs.gov/HealthPlansGenInfo/Downloads/systemsletternumber3.pdf>
  - PDP Enrollment Guidance, sections 30.1.4 and 30.1.5
  
- Questions:
  - Auto/facilitated enrollments
    - [Sharon.Donovan@cms.hhs.gov](mailto:Sharon.Donovan@cms.hhs.gov) 410-786-2561
  - Re-assignments
    - [Jane.McClard@cms.hhs.gov](mailto:Jane.McClard@cms.hhs.gov) 410-786-4460

## Summary

- Now you've completed this information overview, you should be able to:
  - Identify the reference materials and CMS web site links provided
  - Use the reference materials and CMS web site links to access information regarding initial technical setup, systems processing, and MMA Help Desk

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